

(Original Submitted Title: The Influence of Party Identification on Covid 19 Messaging)

Lara A. Wessel, PhD

Georgia Southern University

[lwessel@georgiasouthern.edu](mailto:lwessel@georgiasouthern.edu)

Party identification has long been understood as an important factor when considering public responses to political issues. It is expected people with opposing party identifications will react differently to political messaging across a multitude of topics.<sup>1</sup> In 2020, this expectation extended to an area of public life less obviously connected to political messaging – the Covid 19 pandemic. The virus became a matter of public health in the United States in January of 2020. In the months that followed, both public health leaders and elected officials began to craft messaging to inform the public about the virus. Interestingly, public responses to these messages quickly began to divide among individuals with differing views about the role of government. Why did party identification become relevant in explaining public reactions to Covid 19 messaging?

The following analysis seeks to answer this question by examining two interconnected factors; political ideology, which often serves as the root of party identification, and the role of the messenger in explaining public reactions to Covid related messaging. The analysis will explore the development of political ideology, its significance in predicting party identification, and explain why party identification is important to understanding reactions to public health recommendations. Next, Covid 19 messaging is examined. Specifically, the analysis presents a content analysis of former President Trump's Covid 19 messaging about face masks between January and July of 2020. The president's messaging during the first six months of the pandemic is especially useful because it was during the early months of the pandemic that public opinions

about Covid 19 were established, and then divided. Face masks represent the first aspect of Covid 19 over which public opinion became strongly divided. The implications of these divided opinions extended well beyond 2020.

Public opinion data related to mask-wearing is presented, including differences in mask usage between Republicans and non-Republicans in the spring and summer of 2020. The analysis concludes by recommending government officials understand and consider the significance of political ideology and party identification when crafting and disseminating information about public health.

The United States is dominated by a strong 2-party political system. The tradition of two parties has existed since the country's conception. President George Washington, in his 1796 Farewell Address cautioned:

"However [political parties] may now and then answer popular ends, they are likely in the course of time and things, to become potent engines, by which cunning, ambitious, and unprincipled men will be enabled to subvert the power of the people and to usurp for themselves the reins of government, destroying afterwards the very engines which have lifted them to unjust dominion."

Despite Washington's concerns, a strong 2 party system, has provided the framework for American politics since Democratic-Republican Thomas Jefferson defeated Federalist John Adams in 1800. These two political parties represented different opinions about the proper role of government. Beneath these differing opinions were differing values. The values that informed these opinions developed across generations and included views toward a variety of propositions about the proper structure of government, the role of individuals, and their relationship to

government. These opinions, which were organized and published as a series of essays in  
and in the , represented competing political ideologies.<sup>ii</sup>

Political ideology can be defined as the sum of values and attitudes toward any number of policy areas, political leaders, or other political issues.<sup>iii</sup> Political ideology is described as a deep psychological attachment because it develops from values.<sup>iv</sup> Values are strongly held beliefs, and they have been shown to have a significant influence on political predispositions.<sup>v</sup> This is important in the current context because it indicates deeply held values may predict attitudes, toward multiple areas of politics and government.<sup>vi</sup>

time.<sup>viii</sup> Scholars have found individuals' attitudes toward political parties typically represent long-term attitudes.<sup>ix</sup>

Attitudes have both a cognitive and affective component.<sup>x</sup> In other words, attitudes are based on both information and emotion. The cognitive component of attitude develops from information learned. It is necessary to note individuals, when seeking information, tend to turn toward sources that reinforce existing attitudes: psychology scholars have labeled this concept confirmation bias.<sup>xi</sup> It must also be noted whether the information is accurate or inaccurate, it can influence the cognitive component of an individual's attitude about related government action. This point is particularly relevant to a discussion of Covid 19. Recent scholarship notes both misinformation (information that is untrue or misleading) and disinformation (information that is purposefully untrue or misleading) has influenced media coverage of Covid 19.<sup>xii</sup>

The affective component of attitude refers to the emotional component. The emotional component can be especially influential on attitudes when combined with salience. Individuals are more likely to have strong feelings about a government policy if the policy is perceived to affect their lives personally.<sup>xiii</sup> Scholars have found when an individual views a policy as salient, emotional appeals to influence the person's attitude can be quite powerful.<sup>xiv</sup>





government's messaging related to Covid 19. President Trump was the primary messenger of the federal government's response to Covid 19 in 2020. The president's messaging about Covid 19 is observable. The president delivered information about the virus to the public primarily through the

The president also delivered Covid related messages

through

The president then returned to the podium and led a call on reporters, who asked questions of both the president and members of the Task Force.

The topic of face masks became relevant to U.S. government response to Covid 19 on February 12, when the Center for Disease Control advised the public to not wear masks.<sup>xxx</sup> The CDC advice was based on two factors: protecting the supply of masks, particularly N95 masks, among health care workers, and limited evidence about the efficacy of masks in stopping the spread of Covid 19 among symptomatic individuals. Rather, early guidance focused on social distancing, and the self-quarantine of symptomatic individuals.<sup>xxxii</sup> The president directly spoke to the use of masks by the public on March 30 in response to a reporter's question about recommendations:

“...So we'll take a look at it. For a period of time, not forever. I mean, you know, we want our country back. We're not going to be wearing masks forever, but it could be for a short period of time. After we get back into gear, people could – I could see something like that happening for a period of time, but I would hope it would be a very limited period of time.

Doctors – they'll come back and say, "for the rest of our lives, we have to wear masks."<sup>xxxiii</sup>

The president then gave a lengthy statement about the number of masks being produced and questioned why hospitals in New York City were using so many masks. The next day the president was asked if masks were being preserved for health care workers or if Covid 19 did not transmit primarily through the air. The president called on White House Coronavirus Response Coordinator, Dr. Deborah Birx, who reemphasized then current guidelines, which focused on mask use by those in infected households.<sup>xxxiv</sup> The president added:

“And just about masks, you can get a mask, but you could also do – I mean, most people have scarves, and scarves are very good. And they can use a scarf. And we're only talking about a limited period of time. But – and it says in the recommendations, you can use – you



can substitute a scarf for a mask. So, if people feel mM

Office behind that beautiful Resolute Desk – the great Resolute Desk – I think wearing a face mask as I greet presidents, prime ministers, dictators, kings, queens, I don't know. Somehow, I don't see it for myself. I just – I just don't. Maybe I'll change my mind, but this will pass and hopefully it'll pass very quickly. Now, with that being said, if somebody wants to -- I mean, most people can just make something out of a certain material. So, it's very well designated, it's very simple to do. I won't be doing it personally. It's a recommendation. Okay?"

President Trump attended all 20 of the WHCTF briefings between April 3 and April 24, the last daily briefing. The content analysis of the Briefing transcripts indicates the president included messaging about masks in his prepared remarks during 16 of the 20 briefings. The content of the president's prepared remarks did not typically focus on the public health recommendation to wear a mask. Rather, the president's messaging focused on mask production and distribution, and regularly addressed the federal government's role in producing and distributing masks. The president did reference the public health recommendation to wear mb distributing mam M

distance, and the voluntary use of face coverings.” Finally, during his prepared statement on April 24, the last day of the daily Task Force briefing, the president noted in his prepared remarks, “We ask every American to maintain vigilance and hygiene, social distancing, and voluntary use of face coverings.”

Analysis of the president's messaging about masks during his prepared remarks at the WHCTF briefings is important due to its potential cognitive and affective influence on public attitudes. Following the April 3 recommendation, the president addressed masks as a public health recommendation during his prepared remarks on four occasions: April 4, 22, 23, and 24. It is important to note the president's lack of prepared remarks about the public health recommendation to wear a mask is a form of messaging. In addition, it is important to note the content of president's messaging included language that can be interpreted as mixed messaging. The president did advise the public to wear facial coverings, and framed masks as a retaliation against the virus. However, the president's statements included language that could be interpreted as contradictory. This language includes the president's statement suggesting doctors wanted individuals to wear masks for the rest of their lives, his indication that masks should be worn to make an individual feel better, his statement that he was choosing to not wear a mask, and repeatedly framing mask-usage as voluntary and an individual choice.

The president did not address the public health recommendation about masks in m

remarks

affective components. The tone of the WHCTF briefings is important in helping to explain public attitudes about the information presented. The tone of the briefings potentially influenced the affective component of public attitudes.



weapons indeed.”

The president did not include masks in his list of weapons against Covid 19. The president did address masks during the question-and-answer portion of the briefing in response to a more general question about reopening the states. The president stated:

“But we have large sections of the country right now that can start thinking about opening. There'll be some mitigation and they'll keep it going for a period of time – including masks, by the way – in areas that you wouldn't even think. “I asked a question today. I said, "Why would they wear masks in Wyoming or Montana or North Dakota?" And that's if somebody should come in from an area that isn't so successful, in terms of what they've done.”

The following day, the president responded to a similar question from a reporter with similar language:

“That's one of the reasons I was asking Tony, two days ago, about masks. Well, why in Wyoming or Montana would they have to wear masks? Their numbers are very good. The reason is, if somebody comes from outside - you know, which is very severe. But it's, again – and it's going to be up to them. It's a recommendation, but we'll see.”

The president's responses demonstrate his understanding that the reason to wear masks in less populated areas is due to people traveling to less populated areas from areas more impacted by Covid 19. He also continued to frame mask usage as a recommendation, and an individual decision – in this example the individual states of Wyoming and Montana.

On April 20, President Trump was asked a specific question about the influence of his messaging toward masks                      reporter Yamiche Alcindor questioned the president about a family she had recently interviewed, who implied President Trump's views toward the virus had influenced their behavior. Alcindor stated:

“They went to a funeral in mid-March, and they said mainly because the President wasn't taking it seriously. He said, "If the President had had a mask on, if he was saying we should stay home, then I would have stayed home. Instead, I had family members...I just want to - and he said his family members were sick because they were - they were listening to you. Do you feel like or are you concerned that downplaying the virus maybe - got some people sick?”

The president responded:

“And a lot of people love Trump, right? A lot of people love me. You see them all the time, right? I guess I'm here for a reason, you know? To the best of my knowledge, I won. And I think we're going to win again. I think we're going to win in a landslide. But just so you understand, you're talking about March, right?”

The president went on to provide a length! c 3 'p





press-attended events at the White House.<sup>xxxvii</sup> The president did not wear a mask at any White House event. The president resumed travel beyond the White House May 9 with a visit to the Lincoln Memorial. The president traveled domestically throughout May, June, and July. Presidential trips are accompanied and documented by the traveling press corps and present an additional opportunity to examine the president's messaging about masks.

Appendix A demonstrates President Trump traveled to 23 events beyond the White House between May 9 and July 25.<sup>xxxviii</sup> He traveled to multiple states including Arizona, Pennsylvania, Michigan, Florida, Maine, Texas, New York and Oklahoma, Wisconsin, South Dakota, Florida, and Georgia. The content analysis of the president's public schedule indicates the president spoke with the press a total of 115 times across the 86 events. The president did not wear a mask in public at any event until he wore a mask to

Jul

wore one in this back area, but I didn't want to give the press the pleasure of seeing it,” replied the president.<sup>xli</sup> The comment can be interpreted as a signal it was more important to the president to prevent media from capturing his image in a mask than to model the April 3 recommendation for the public. The president, during an interview with \_\_\_\_\_ was asked why he did not wear a mask. The president noted there was less reason for him to wear a mask because he was tested often, as were the people around him. The president went on to emphasize that he was not against masks, stating:

“Actually, I had a mask on. I sort of liked the way I looked, okay? I thought it was okay. It was a dark, black mask, and I thought it looked okay. Looked like the Lone Ranger. But, no, I have no problem with that. I think – and if people feel good about it, they should do it.”<sup>xlii</sup>

The president's positive messaging about the look of masks can be interpreted as reinforcing the April 3 recommendation. However, the president's statement that people should only wear masks if they feel good about it reinforced the message that the decision to wear a mask should be based on individual preferences.

As previously stated, the president was photographed in a mask for the first time during his trip to \_\_\_\_\_ July 11. The president stated to reporters,

“I think when you're in a hospital, especially in that particular setting, where you're talking to a lot of soldiers and people that, in some cases, just got off the operating tables, I think it's a great thing to wear a mask. I've never been against masks, but I do believe they have a time and a place.”<sup>xliii</sup>

This comment by the president can be interpreted as messaging that supports the April 3 recommendation.





late April and early May.

---

4/ 6 – 4/12	D 61	I 46	R 42
4 /27 – 5/3	D 90	I 78	R 61
5/18 – 5/24	D 96	I 82	R 67
6/8 – 6/14	D 98	I 80	R 67
6/29 – 7/5	D 99	I 83	R 74
<u>7/20 – 8/2</u>	<u>D 99</u>	<u>I 91</u>	<u>R 80</u>

Table 1 also indicates there are significant differences in reported use based on party identification. 61 percent of Democrats, Polling PeÄ / » able 1 als



recommendation. These data may reflect division in the Republican party. It is possible a subset of Republicans most responsive to President Trump account for the Republicans who reported not wearing a mask. A small percentage of Independents, and a very small percentage of Democrats reported they did not wear masks. These percentages, while small, are not zero and similarly deserve ongoing analysis. Future studies might also build on the current analysis by exploring the decision of who should be the public face of information, and how to manage instances when the messaging of political leaders differs from the messaging of public health officials.

It is unlikely Covid 19 will be the last public health crisis to face the United States. It is also unlikely deep psychological attachments to ideology will abate, or the socialization process. Thus, public health officials and others seeking to understand the public's reaction to messaging can benefit from a thorough understanding of the potential influence of political ideology. The data presented indicate individuals may react to public health recommendations through the lens of their party identification, assigning a level of trust

4 – 11	America Cares: Small business relief update Participates in Easter blessing	2	Roosevelt Room Oval Office
4 – 18	Meeting with recovered Covid patients. Remarks celebrating American truckers	2	Cabinet Room South Lawn
4 – 25	Tree planting ceremony Signing ceremony: HR 266	2	WH Lawn Oval Office
5 – 2	On camera news conference Meeting with Florida Governor Remarks on small business: Paycheck Protection Meeting with Louisiana Governor Round table with industry executives Meeting with New Jersey Governor Remarks on protecting U.S. seniors Remarks and departure for Camp David Presidential Recognition Ceremony Announces FDA approval of Remdesivir	10	Rose Garden Oval Office East Room Oval Office State Dining Room Oval Office East Room South Lawn Blue Room Oval Office
5 – 9	Signs proclamation in honor of National Nurses Day Meeting with Iowa Governor Meeting with Texas Governor Remarks at White House National Day of Prayer Service  Meeting with Republican members of Congress. Meeting with Military Leadership, National Security Team.	13	Lincoln Memorial Phoenix, AZ Oval Office Oval Office Oval Office Rose Garden WW II Memorial State Dining Room Cabinet Room
5 – 16	Remarks on Covid 19 testing. Meeting with Colorado and North Dakota Governors.  Remarks on vaccine development. Remarks on US Space Force flag, Armed Forces Day Proclamation Remarks at Hard Work, Heroism, and Hope ceremony. Departs White House for Camp David.	8	Rose Garden Cabinet Room Allentown, PA Rose Garden Oval Office Rose Garden South Lawn
5 – 23	White House Opportunity and Revitalization Council Meeting. Round tabk Ó A	10	Cabinet Room nca



	Remarks on protecting seniors with diabetes. Signs Executive Order on social media. Press Conference Round table with industry executives on reopening.		Baltimore, MD Rose Garden Oval Office Rose Garden State Dining Room Merritt Island, FL
6 – 6	Remarks in response to killing of George Floyd.  Press Conference	5	Rose Garden Washington, D.C. Rose Garden Guilford, ME
6 – 13		3	Dallas, TX West Point, NY
6 – 20	Round table on “Fighting For America’s Seniors.” Remarks and Executive Order: Safe Policing for Safe Communities. Announces PREVENTS Task Force: Veterans and suicide. Round table with Governors on reopening of small businesses. Departs White House for Joint Base Andrews.	7	Cabinet Room Rose Garden East Room State Dining Room South Lawn Tulsa, OK
6 – 27	Bilateral meeting with President Duda, Republic of Poland. Joint press conference with President Duda.	12	Yuma, San Luis, and Phoenix, AZ Oval Office Rose Garden Washington, D.C. Marinette, W@

fos





---

Secretary of State Stephen Biegun, Senior Advisor to the White House Chief of Staff Robert Blair, Acting United States Deputy Secretary of Homeland Security, Director of the National Institute of Allergy and Infectious Diseases Anthony Fauci, Director of the Domestic Policy Council Joe Grogan, Executive Associate Director of the Office of Management and Budget Derek Kan, White House Deputy Chief of Staff for Policy Coordination Chris Liddell, National Security Advisor Robert O'Brien, Deputy National Security Council Advisor Mathew Pottinger, Director of the Centers of Disease Control and Prevention Robert Redfield, Acting Under Secretary of Transportation Policy.

